



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Marco FILICORI
 Title: UNITARY COMBINATIONS OF FSH AND hCG
 Appl. No.: 10/559,610
 International Filing Date: 6/2/2004
 371(c) Date: 1/31/2006
 Examiner: Fozia M. Hamud
 Art Unit: 1647
 Confirmation No.: 1532

AMENDMENT TRANSMITTAL

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

[] Assertion of Small Entity status is enclosed.

[X] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee		
Total Claims:	46	-	43	=	3	x	\$50.00	=	\$150.00		
Independent Claims:	4	-	5	=	0	x	\$210.00	=	\$0.00		
First presentation of any Multiple Dependent Claims: +									\$370.00 =	\$0.00	
07 GFREY1 00000128 10559610											
15	150.00	OP	CLAIMS FEE TOTAL							=	\$150.00

[] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[] Extension for response filed within the first month:	\$120.00	\$0.00
[] Extension for response filed within the second month:	\$460.00	\$0.00
[] Extension for response filed within the third month:	\$1,050.00	\$0.00
[] Extension for response filed within the fourth month:	\$1,640.00	\$0.00
[] Extension for response filed within the fifth month:	\$2,230.00	\$0.00
EXTENSION FEE TOTAL:		\$0.00
[] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$150.00
[] Small Entity Fees Apply (subtract ½ of above):		\$0.00
Extension Fees Previously Paid:		\$0.00
TOTAL FEE:		\$150.00

A credit card payment form in the amount of \$150.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date November 30, 2007
 FOLEY & LARDNER LLP
 Customer Number: 22428
 Telephone: (202) 295-4094
 Facsimile: (202) 672-5399

By Courtenay C. Brinckerhoff
 Courtenay C. Brinckerhoff
 Attorney for Applicant
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